

**City of Olean Assessor's office**

**P.O. Box 668**

**Phone: 716-376-5630**

**Olean, NY 14760-0668**

**Fax: 716 376-5671**

**RESIDENTIAL PROPERTY  
REQUEST FOR A REVIEW OF THE ASSESSED VALUE  
(Please Print)**

**OWNER NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

PARCEL ADDRESS: \_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_

CURRENT TOTAL ASSESSMENT: \_\_\_\_\_

I BELIEVE THE ASSESSMENT SHOULD REFLECT A **FULL MARKET VALUE** OF: \_\_\_\_\_

OPINION OF VALUE SHOWN ABOVE IS BASED ON: (please complete at least one of the following)

1) SALE PRICE OF SUBJECT PROPERTY WITHIN THE LAST YEAR:

SALE PRICE: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_

ARMS LENGTH SALE? YES \_\_\_ NO \_\_\_

HOME STYLE: RANCH ( ) RAISED RANCH ( ) SPLIT-LEVEL ( ) OLD STYLE ( )  
CAPE COD ( ) COLONIAL ( ) COTTAGE ( ) BUNGALOW ( )  
CONTEMPORARY ( ) OTHER ( )

SQUARE FEET(using exterior dimensions): \_\_\_\_\_

YEAR BUILT: \_\_\_\_\_

PROPERTY INVENTORY:

BEDROOMS: \_\_\_\_\_ BATHS: \_\_\_\_\_ ROOM COUNT: \_\_\_\_\_

CENTRAL AIR: Y/N FIREPLACE(S): \_\_\_\_\_ FINISHED BASEMENT: \_\_\_\_\_

LIST ANY IMPROVEMENTS MADE TO YOUR PROPERTY SINCE YOU PURCHASED IT:  
(ie: remodeling & additions; kitchen, bath, interior, exterior, fireplace, decks, garages, etc.)

\_\_\_\_\_

BUILDING PERMITS PENDING:

DATE ISSUED: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_

RECOMMENDED SUPPORTING INFORMATION:

- 1) RECENT PHOTOGRAPHS OF YOUR PROPERTY
- 2) SURVEY OF PROPERTY IF AVAILABLE
- 3) COPY OF BUILDING PERMIT(S), NEW CONSTRUCTION PLANS, ETC
- 4) COPY OF SALES CONTRACT IF PURCHASED WITHIN PAST 3 YEARS
- 5) COPY OF ANY APPRAISAL DONE ON YOUR PROPERTY WITHIN PAST 3 YEARS
- 6) COPY OF LISTING AGREEMENT IF CURRENTLY LISTED FOR SALE
- 7) ANY ADDITIONAL DATA TO SUPPORT YOUR CLAIM

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2) SALES OF 3 (OR MORE) **COMPARABLE** PROPERTIES IN THE SAME OR SIMILAR NEIGHBORHOOD WITHIN THE LAST YEAR:

PROPERTY ADDRESS #1) \_\_\_\_\_  
 SALE PRICE: \_\_\_\_\_  
 DATE SOLD: \_\_\_\_\_  
 ARMS LENGTH SALE?            YES \_\_\_ NO \_\_\_  
 SQ FOOTAGE OF HOME: \_\_\_\_\_  
 STYLE: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

PROPERTY ADDRESS #2) \_\_\_\_\_  
 SALE PRICE: \_\_\_\_\_  
 DATE SOLD: \_\_\_\_\_  
 ARMS LENGTH SALE?            YES \_\_\_ NO \_\_\_  
 SQ FOOTAGE OF HOME: \_\_\_\_\_  
 STYLE: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

PROPERTY ADDRESS #3) \_\_\_\_\_  
 SALE PRICE: \_\_\_\_\_  
 DATE SOLD: \_\_\_\_\_  
 ARMS LENGTH SALE?            YES \_\_\_ NO \_\_\_  
 SQ FOOTAGE OF HOME: \_\_\_\_\_  
 STYLE: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

AND/OR

3) OTHER: \_\_\_\_\_  
(Attach additional pages if necessary)

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I SHOULD CONTACT THE ASSESSOR'S OFFICE AFTER MAY 1<sup>ST</sup> TO INSPECT THE TENTATIVE ROLL. IF THE ASSESSMENT IS NOT TO MY SATISFACTION I HAVE THE OPTION TO FILE A GRIEVANCE WITH THE BOARD OF ASSESSMENT REVIEW WHICH MEETS THE 4<sup>TH</sup> TUESDAY IN MAY. I ALSO UNDERSTAND THAT THE TENTATIVE ROLL BECOMES THE FINAL ROLL EFFECTIVE JULY 1<sup>ST</sup>, EXCEPT FOR ANY CHANGES MADE OR RATIFIED BY THE BOARD OF ASSESSMENT REVIEW AFTER GRIEVANCE DAY.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_